

Medicaid Eligibility Quality Control (MEQC)

The Medicaid Eligibility Quality Control unit (MEQC) is a federally mandated division within the Department of Health Care Policy and Financing (the Department). The Centers for Medicare and Medicaid Services (CMS) require MEQC to oversee and audit the processes for all Medicaid eligibility sites. (CFR) 42 §431.810-431.865

What is MEQC's role?

- Oversees eligibility sites' application processes and case management through the execution of regular audits
- Ensures eligibility sites' case processes are efficient and accurate
- Identifies errors that relate to incorrect eligibility determinations
- Identifies misspent Federal Financial Participation (FFP) dollars related to incorrect eligibility determinations

What types of audits does MEQC conduct? In Colorado MEQC conducts Pilot Projects

- Each pilot focuses on a specific eligibility area (ex. HCBS, FM, citizenship, LTC and resources)
- Number of cases reviewed is dependent on the specific Pilot
- Pilots do not have to conduct claim reviews
- The Department's goal is to maintain an error rate below 3%

When do these pilot audits occur?

 The pilots are conducted twice a year for six month intervals from October-March and April-September

Does each eligibility site participate in every pilot?

- All sites are audited at some point, but may not be involved in every pilot
- Eligibility sites are chosen through a random sample process and at times may be chosen for back-to-back pilots

What specific objectives are measured?

- Timely processing of applications (timeliness also applies to each site's response to MEQC's requests for cases to be submitted and for errors to be addressed)
- Data entry
- Case file documentation

What is the pilot audit process?

- MEQC requests certain cases from the eligibility sites
- All requested cases must be submitted to MEQC by regular or electronic mail within 10 business days
- MEQC reviews each case for accuracy and submits an Initial Findings Report defining errors that must be addressed by the site



- The site reviews MEQC's findings and submits a form that either indicates agreement with the errors cited or submits a documented/support rebuttal. These forms must be submitted to MEQC by regular or electronic mail within 10 business days
- MEQC issues a final Summary Report indicating all cases reviewed, the errors cited and those errors that were reversed or could have been reversed if they had been submitted within the 10 day deadline. With this report the site is notified if a Quality Improvement Plan (QIP) is necessary and given 30 calendar days to complete the QIP
- The site submits the QIP to the Monitoring and Quality Unit for review and approval
- If the QIP is not approved the site will be notified to revise it and resubmit it within 10 business days
- The Monitoring and Quality Unit will monitor the QIP for quality assurance

Why is 100% compliance with these audits mandatory?

- The Centers for Medicare and Medicaid Services (CMS) closely monitors the efficacy of state agencies. Error rates that exceed guidelines may affect federal funding. (CFR) 42 §431.861-431.864
- The Department has made a commitment to ensure every eligible citizen has access to the benefits they qualify for. Regular audits performed by MEQC help ensure this commitment is met. 10 CCR 2505-10, 8.080

MEQC Contact:

Kieu Pham
303-866-2022
Monitoring and Quality –
MEQC Inbox:
MEQC@hcpf.state.co.us

Media Contact:
Rachel Reiter
303-866-3921